



**PHYSICIAN'S CERTIFICATION OF FITNESS
For
CELL EXTRACTION RESPONSE TEAM OPERATORS**

Reference: _____

This is to certify that I, _____, M.D., am a physician licensed to practice medicine in North Carolina. I am familiar with the medical history of the student who has applied to participate in the North Carolina Justice Academy's Cell Extraction Response Team Operator course. I am aware that this course requires periods of high physical exertion along with hand to hand subject control techniques. I do not know of any conditions--physical, mental or emotional--that would limit this person's ability to participate in the North Carolina Justice Academy's Cell Extraction Response Team Operator program, and I do not have any reservations about this person's ability to physically participate in this program.

(Physician's Signature)

(Date)

**Name and Address of Physician
(Print or type)**

